

RESEARCH ARTICLE

Relationship between Spiritual Health and Quality of Life in Patients with Cancer

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Abstract

As the essence of health in humans, spiritual health is a fundamental concept for discussing chronic diseases such as cancer and a major approach for improving quality of life in patients is through creating meaningfulness and purpose. The present descriptive analytical study was conducted to assess the relationship between spiritual health and quality of life in 210 patients with cancer admitted to the Cancer Institute of Iran, selected through convenience sampling in 2014. Data were collected using Spiritual Health Questionnaire and the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC-QLQ). Patients' performance was assessed through the Karnofsky Performance Status Indicator and their cognitive status through the Mini-Mental State Examination (MMSE). Data were analyzed in SPSS-16 using descriptive statistics and stepwise linear regression. The results obtained reported the mean and standard deviation of the patients' spiritual health scores as 78.4 ± 16.1 and the mean and standard deviation of their quality of life score as 58.1 ± 18.7 . The stepwise linear regression analysis confirmed a positive and significant relationship between spiritual health and quality of life in patients with cancer ($\beta = 0.688$ and $r = 0.00$). The results of the study show that spiritual health should be more emphasized and reinforced as a factor involved in improving quality of life in patients with cancer. Designing care therapies and spiritual interventions is a priority in the treatment of these patients.

Keywords: Spiritual health - quality of life - cancer - Iran

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Introduction

Cancer is one of the main problems of health systems in various countries (Siegel et al., 2015) and a main cause of death in developing countries (Torre et al., 2015). As the third leading cause of death in Iran, after cardiovascular diseases and road accidents, cancer is particularly important (Mousavi et al., 2009). Cancer is considered the principal threat to health (Vrinten et al., 2014) and people are highly shocked and disappointed when they get diagnosed with the disease and begin to fear death (Akyuz et al., 2008) and their perception of life then changes in the attempt to cope with their new conditions (Reb, 2007). Because of its fatality, patients develop greater spiritual needs upon diagnosis with cancer. In other words, the individual begins to suffer spiritual distress and massive spiritual crises, leading to the loss of his self-esteem and faith. His personal relationships become impaired as a result of the uncertainty of his prospects and periods of hospitalization generate a sense of loneliness and a kind of spiritual crisis in him (Rezaei et al., 2008). Creating a sense of spiritual health as a main component of mental health is an appropriate way for coping with cancer and its tensions (McClain et al., 2003);

individuals who possess this facilitating spiritual factor cope more quickly with cancer (Baider et al., 2003). As the fourth dimension of health, spiritual health unifies the physical, mental and social dimensions of being and includes the existential and religious dimensions of life as well. Religious health is the satisfaction derived from connection to an infinite being -to God-, and existential health is the attempt for understanding the meaning and purpose of life and gaining satisfaction from it (Riley et al., 1998). In general, people with life-threatening and chronic diseases are faced with questions about the meaning and purpose of life, and many of them recognize spiritual health as a factor that gives meaning and purpose to life and improves the quality of life (Mauk and Schmidt, 2004). Quality of life has a multidimensional structure that includes physical and mental health as well as social and cognitive functions (Manandhar et al., 2014). According to the definition provided by the World Health Organization, quality of life refers to people's own understanding of their position in life based on the culture and value system in which they live and based on the relationship between this understanding and their goals, expectations, standards and priorities (Bottomley, 2002). In other words, quality of life is the gap between the individual's current position and

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